

National Institute of Health
Warren Magnuson Clinical Center
Nursing and Patient Care Services
Emergency Management Plan

Policy

Nursing and Patient Care Services (NPCS) will provide patient care in the event of a disaster or other emergency in accordance with the Clinical Center Emergency Management Plan.

Purpose

This plan outlines the NPCS approach to responding to emergencies within the facility and in the community that would significantly impact the organization's services. It is to be used in conjunction with the Clinical Center Emergency Management Plan (CCEMP).

References

Clinical Center Emergency Management Plan

Addendum

NPCS Emergency Management Plan

NPCS Emergency Preparedness Data Sheet

Recall Roster Instructions

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I. GENERAL INFORMATION

Definitions

Code Yellow

The announcement over the central paging system to alert staff that the Clinical Center Emergency Preparedness Plan has been activated.

Emergency Event

A situation requiring immediate attention and which can impact life and/or safety of staff, visitors or patients.

Emergency Management Communication Center

The command center established by the Office of the Director from which information and instructions are received and relayed during a Code Yellow.

Local Level Emergency

An emergency that is limited within a unit or defined area.

Nursing Resource Center (NRC)

Command center for NPCPS during emergency events activated by Chief of NPCPS/designee.

II. PROCEDURES & RESPONSIBILITIES

Emergency Occurs

- A. Nursing staff member will assess the situation and initiate communication of the emergency and life support measures (if appropriate) through the organizational structure.
 - Call 911 immediately to report the event, exact location of reporting unit and suggested safe access route.
 - Call 111 (if there are victims in need of immediate medical attention).
 - Activate the nearest fire alarm manual pull station.
 - Notify Charge Nurse of area where emergency has occurred.
 - Remove equipment and obstructions from all patient care areas and corridor.
 - Outline possible routes of evacuation.
- B. Process of Communication
 - a. Person who discovers the event initiates communication of emergency through the organizational structure and informs the Charge Nurse.
 - b. Charge Nurse or designee notifies Nurse Manager on the day shift or Administrative Coordinator on the evening, night and weekend shifts.
 - c. Nurse Manager or Administrative Coordinator notifies Service Chief.
 - d. Service Chief notifies Chief of NPCPS and the Senior Administrator on call.
 - e. Chief of NPCPS or designee determines whether to activate the Nursing Resource Center.

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Local Level Emergency Occurs

- A. Role of the Chief of NPCCS or Designee
 - 1. Notifies units that an emergency exists and that the NPCCS Emergency Management Plan has been activated.
 - 2. Establishes and coordinates functions of the Nursing Resource Center (NRC) to include:
 - Distribution of personnel to adequately handle the emergency situation and maintain safe patient care throughout the hospital.
 - Initiation of request of units to complete Emergency Preparedness Data Sheet.
 - Aggregation and analysis of data collected on Emergency Preparedness Data Sheet.
 - Facilitation of patient transfers to other units (if necessary).
 - Arrangement for transportation or quartering of staff when necessary.
- B. Charge Nurse will complete NPCCS Emergency Preparedness Data Sheet and send to NRC when directed.
- C. Process continues until NRC is disbanded by Chief of NPCCS or designee.

Clinical Center Emergency Management Plan Activated (Code Yellow)

- A. House-wide notification of CODE YELLOW occurs and activation of the Clinical Center Emergency Preparedness Command Center.
- B. Activation of the NRC by Chief of NPCCS or designee.
- C. All staff should report to their patient care units/departments to receive instructions.
- D. Manager or Charge Nurse activates the Recall Roster and the NPCCS Emergency Preparedness Data Sheet upon request from NRC.
- E. Each nurse is responsible for assessing patients to determine care that is essential during the emergency.

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Evacuation Procedures

A. Process of Communication

1. The units will be notified that an emergency exists and that the NPCPS Emergency Management Plan has been activated.
2. The authority to order evacuation is the joint responsibility of the NIH Fire Department and Nurse Manager or designee. When the fire alarm is activated in the patient care area, it is the responsibility of the Nurse Manager or designee to initiate an evacuation of their area should harm to patients or staff be imminent.
3. When the Fire Department is present they will take over the decision making process and communication of the evacuation. The unit staff will care for the patients and await instructions regarding appropriate evacuation processes.
4. The need to evacuate is communicated to the NRC and/or Clinical Center Command Center by phone or whatever communication means is available.

B. Role of the Nurse Manager or Administrative Coordinator in collaboration with the Charge Nurse

1. Forwards the following information to the NRC:
 - Estimated time of evacuation
 - New location
 - Type of move to take place (vertical or horizontal)
 - Request for supplies/resources needed for move
 - Confirm whether patient medications will be brought from the unit
2. Maintains the accuracy of the NPCPS Emergency Preparedness Data Sheet.
3. Assigns the following roles:
 - **Receiver** - Nurse who receives patients in new location. A Charge Nurse in the refuge area needs to be identified and communicated to the NRC.
 - **Transporter** - Staff who transport patients. The transporter confirms that the patient medications and medical records are with the patient.
 - i. Reports to the refuge area Charge Nurse or the receiving unit Charge Nurse.
 - ii. Brings information back to the sending unit Charge Nurse.
 - iii. Continues to return to the unit until released by the Charge Nurse.
 - **Care Provider** – Staff to care for patients still on the unit.
 - **Sweeper** – Staff who checks unit to insure patients, visitors, and staff have been evacuated.
 - i. Uses marker to indicate which rooms have been checked by the sweep.
 - ii. Triage patients, staff and visitors to be moved and establishes priorities for transport (i.e., ambulatory patients and visitors; then patients, staff, and/or visitors needing a wheel chair or special equipment including individuals with hearing/sight or mobility disabilities; then patients on life support).
4. Communicates with Fire Department representative if elevator evacuation is required. If need for wheelchairs/stretchers is acute, patients who reach the refuge area need to yield their chairs/stretchers so that other patients may be moved.
5. Notifies the NRC that the evacuation has been completed.

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ATTACHMENT A. N&PCS RECALL ROSTER

Explanation & Definitions

- A. The recall roster has been divided into three groups based on long it takes the staff to get to the Clinical Center:

Group 1 - commute is less than 15 minutes;

Group 2 – commute is between 15 -30 minutes; and

Group 3 – commute is over 60 minutes.

- B. The following definitions have been created for use with the recall list:

Key Alerter – On the patient care units, this is the nurse manager. This person is responsible for initiating the recall roster for his or her defined area.

Primary Alerter – Each group has a person designated as a primary alerter who is responsible for calling each person within their designated group.

Alternate Alerter - Each group has a person designated as an alternate alerter who is responsible for calling if the primary alerter can not be reached.

- C. The key, primary and alternate alerter will each have a copy of the recall roster.
- D. The ANSOS database is updated monthly. Changes made to the recall roster should be communicated by the Charge Nurse to the key and primary alerter. Updated recall rosters will be distributed each month.
- E. A monthly department roll-up of the recall roster is delivered in the offices of the Chief of NPCS, CACPS, ACBH, ----- and the Admissions Office.

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Instructions

PLEASE NOTE: The recall roster is a confidential document. It contains sensitive administrative personnel information and should be used with discretion. The N&PCS Recall List should be kept in the red plastic folder in a secure location within your work area.

- A. The key alerter will initiate the recall list upon direction from the Chief of NPCCS or designee in the event of a Clinical Center emergency.
- B. Once contacted, the key alerter will contact the primary alerter for each group. The alternate alerter will be contacted if the key alerter is unable to contact the primary alerter. The key alerter will contact each person within a group if he or she is not able to reach either the primary or alternate alerter.
- C. The primary or alternate alerter needs to document the following information:
 - Was direct contact made?
 - Is the individual available to come in?
 - If contact was not made, was a message left?
 - Any comments?
- D. Contact is defined as the alerter communicating to the intended receiver directly and the receiver acknowledging receipt and understanding of the message. The alerter must leave instructions with someone or on an answering machine for the person to call or page the key alerter/designee if he or she is unable to reach a staff member directly.
- E. All recall roster worksheets should be given to the key alerter upon completion and be retained for any debriefing activities.